SHERIFF'S DEPARTMENT

A Tradition of Service

DATE:

July 24, 2008

OFFICE CORRESPONDENCE

FILE NO.

FO2213150

FROM:

ERIC B. SMITH, COMMANDER

LEADERSHIP AND TRAINING DIVISION

TO:

DANIEL S. CRUZ, CAPTAIN

MEN'S CENTRAL JAIL

SUBJECT:

EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS

USE OF FORCE

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the use of force incident which occurred on February 2, 2008.

The Committee met on July 24, 2008 and consisted of me and Commanders Stephen B. Johnson (Custody Operations Division) and Thomas E. Spencer (Detective Division). The Committee determined the use of force by Deputy James Krase #521418, Deputy Adam Villalobos #527490, Deputy Armando Diaz #522014, Deputy Jose Sanchez #519509, Deputy Alejandro Hernandez-Castanon #522048, Deputy Jason Johnson #514225, Deputy Deputy Minh Her #516690, Deputy Hector Vazquez #526304, and Deputy Was within Department policy.

Please advise the deputies of this finding.

EBS:MOT:mt

Los Angel() County Sheriff's Tepartment

Supervisor's Report on Use of Force Page 1 of 9 Incident Information URN: 0 0 8 - 0 0 1 5 6 - 5 1 1 4 5 Date: Time: 2/2/08 0845 hrs. 441 Bauchet St. Module 2800 Location: City or Station: Los Angeles YES ☐ NO 🔯 Bureau/Station/Facility: Admin. Investigation: Custody/Men's Central Jail Type of Force: Significant Force Deputy Injury : YES X NO Suspect Injury YES 🛛 NO 🗌 Call ○ Observation ☐ Detail Foot Pursuit Vehicle Pursuit IAB Notified: YES X NO Person Notified: Clay Porlier Emp: IAB Roll Out: YES X NO Involved Employee Employee# Last Name First Name Middle Name Krase James Sex: Race: Unit of Assignment: Work Assignment (Unit #, Module, etc.): ⊠ Male Female Men's Central Jaii W 2600/2800 module Shift: Height: Weight: Age: Regular Shift OT Shift Off Duty PM 1 EM Day 504 160 Coroner Case # Directed Force 🔀 Injured 🔀 Treated Admitted Hospital: Significant Force Employee # First Name Last Name Middle Name Villalobos Adam Sex: Unit of Assignment: Race: Work Assignment (Unit #, Module, etc.): Male. Female Н Men's Central Jail Module 2800 Shift: Height: Weight: Age: Regular Shift OT Shift Off Duty EM ΡM Day 508 180 Coroner Case # Directed Force Injured I Treated Admitted Hospital: Significant Force First Name Employe Middle Name **Last Name** Sanchez Juan Sex: Race: Unit of Assignment: Work Assignment (Unit #, Module, etc.): Male Male Female Men's Central Jail Module 2600/2800 Н Shift: Height: Weight: Age: Regular Shift OT Shift Off Duty EM PΜ Day 509 185 Coroner Case # Directed Force Injured Treated Admitted Significant Force Hospital: Additional Involved Employees On Duty Supervisor Witness to Incident First Name Present Emp.<u>#</u> Last Name Middle Name Rank YES 🗌 NO 🛛 Patrick YES 🗀 NO 🔯 Tapia Sgt. Present Witness to Incident First Name Middle Name Rank Emp_i ast Name Jorge Sld ′ES∐ NO⊠ Sanchez YES∐ NO 🛛 Watch Sergeant Last Name Middle Name Emp. First Name Herron Edward Watch Commander Last Name First Name Emp. Middle Name Olson Gary Watch Commander (Print Name) Watch Commander's Signature: Emp#: Date Carlos E. Flores Supervisor Completing Form: (Print Name) Emp #: Copy Provided to Employee by: Emp #: Unit Commander (Print Name) Date Unit Commander's Signature: Emp #: DISCOVERY Use Only Original: Discovery Unit

SH-R-438P (Rev. 12/07)

Copy: Unit Commander

FO#

S ervisor's Report on Use of (rce INVOLVED EMPLOYEE - Continuation 0 0 8 - 0 0 1 5 6 - 5 1 0 0 - 1 4 5

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1					Involved Emp	oloyee			
E 4	Employ <u>ee#</u>		Last Name			First Nam			Middle Name
				Hernandez-Ca			, ,	Alejandro	
	Sex:	1	Race:	Unit of Assignme			Work /	Assignment (Unit #, Mo	
	Male _	Female	<u> </u>	M∈	en's Central	Jail T		Module 260	
	Shift:	a _		Regular Shift	OT Shift	Off Duty	Age:	Height	Weight:
	EM 📐	Day	☐ PM	ZN Hegular Crim				509	180
		-	_					Coroner Case #	Directed Force
	Injured	Treated	Admitted	Hospital:					Significant Force
E 5	Employee#		Last Name			First Nam	ne		Middle Name
<u> </u>				Diaz			,	Armando	
	Sex:	7	Race:	Unit of Assignme			Work A	Assignment (Unit #, Me	•
	Male	Female	<u> </u>	Me	n's Central	Jail	<u>l</u>	Module 250	0/2700
	Shift:	7		Regular Shift	OT Shift	Off Duty	Age:	Height:	Weight:
	☐ EM [∑	Day	∐ PM	M regular Striit	Потапії			508	200
		_						Coroner Case #	Directed Force
	Injured	Treated	Admitted	l Hospital:					Significant Force 🔀
E 6	Employee#		Last Name			First Nan	ne		Middle Name
				Johnson	า			Jason	
	Sex:		Race:	Unit of Assignme			Work A	Assignment (Unit #, Mo	· '
	Male _	Female	W	Me	n's Central .	Jail	<u> </u>	Module 220	0/2400
	Shift:	.		Regular Shift		[m_0#5,#]	Age:	Height:	Weight:
ĺ	EM 🗵	Day	L PM	☐ regular shift	OT Shift	Off Duty		510	225
		-	_					Coroner Case #	Directed Force
	Injured	Treated	Admitted	Hospital:					Significant Force
	Employee#		Last Name		_	First Nan	ne		M <u>iddle Name</u>
E <u>7</u>									
	Sex:	7	Race:	Unit of Assignme			Work A	Assignment (Unit #, Mo	dule, etc.):
	Male	Female	<u> </u>	Me	n's Central .	Jail		Module 250	0/2700
	Shift:	-	_	Do mula n Oh iff	OT Chia	□ o# >.#.	Age:	Height:	Weight:
	☐ EM 🔀	Day	PM	Regular Shift	OT Shift	Off Duty		604	210
		_	_					Coroner Case #	Directed Force
ĺ	Injured 🛚	Treated	Admittee	d Hospital:					Significant Force 🔀
_ 0	Employee #		Last Name			First Nan	ne		Middle Name
E <u>8</u>				Vazque	Z			Hector	
	Sex:	1	Race:	Unit of Assignme			Work A	Assignment (Unit #, Mo	
	Male [Female	H	Me	n's Central .	Jail	<u>l</u>	Module 220	0/2400
	Shift:	a		Regular Shift	OT Shift	Off Duty	Age:	Height:	Weight:
	☐ EM 🔀	Day	PM	M vednar sunt	LL OI Shift	L Cu Duty		508	180
		-						Coroner Case #	Directed Force
	Injured	Treated	Admitted	Hospital:					Significant Force 🔯

Servisor's Report on Use of (rce INVOLVED EMPLOYEE - Continuation 0 0 8 - 0 0 1 5 6 - 5 1 0 0 - 1 4 5

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				Involved Emp	loyee			
E 9	Employ <u>ee</u> #	Last Name			First Nar	ne		Middle Name
트레			Her				Minh	
]	Sex:	Race:	Unit of Assignme			Work A	Assignment (Unit #, Mo	· · · · · · · · · · · · · · · · · · ·
1	Male Female		Me	n's Central .	lait	<u> </u>	2000 Floor	-
	Shift:	— l	Regular Shift	OT Shift	Off Duty	Age:	Height:	Weight:
	☐ EM ☐ Day	PM ☐ I	Negulai oriiit		On Duty		506	170
			x*				Coroner Case #	Directed Force
Į	Injured Treated	Admitted	Hospital:					Significant Force
E 10	Employee #	Last Name			First Nan	ne _		Middle Name
		<u> </u>	,					
	Sex: Male Female	Race:	Unit of Assignme		- =1	Work A	ssignment (Unit #, Mo	
ŀ	Male Female Shift:	<u> </u>	IVIE	n's Central J	all r	<u> </u>	Module 220	
	Snitt: EM Day		Regular Shift	OT Shift	Off Duty	Age:	Height:	Weight:
ŀ	☐ EWI ☐ Day	□ PM L					602	210
	Injured Treated	Admitted				ĺ	Coroner Case #	Directed Force
	Injured Treated	Admitted	Hospital:					Significant Force
E	Employee #	Last Name			First Nan	ne		Middle Name
드=	•		1	<u> </u>				
	Sex: Male Female	Race:	Unit of Assignme	nt:		Work A	Assignment (Unit #, Mo	idule, etc.):
	Shift:	□ РМ [Regular Shift	OT Shift	Off Duty	Age:	Height:	Weight:
ľ	☐ Injured ☐ Treated	Admitted	Hospital:		'		Coroner Case #	Directed Force Significant Force
E_	Employee #	Last Name			First Nan	ne		Middle Name
				<u>.</u>		····		
	Sex: Male Female	Race:	Unit of Assignme	nt:		Work A	Assignment (Unit #, Mo	dule, etc.):
	Shift: Day	PM [Regular Shift	OT Shift	Off Duty	Age:	Height:	Weight:
ŀ							Coroner Case #	Directed Force
	Injured Treated	Admitted	Hospital:					Significant Force
E_	Employee #	Last Name			First Nan	ne		Middle Name
	Sex: Male Female	Race:	Unit of Assignme	nt:		Work A	Assignment (Unit #, Mo	dule, etc.):
ļ	Shift: Day	□ РМ [Regular Shift	OT Shift	Off Duty	Age:	Height:	Weight:
Ī		•			•		Coroner Case #	Directed Force
- 1	Injured Treated	Admitted	Hospital:			1		Significant Force

ervisor's Report on Use of F SUSPECT INFORMATION S

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			Susp	ect Inform	ation					
S <u>1</u>	Last Name	Deguerre	Firs	t Name	Jos	eph	Middle Na	me S	Sunny	
	AKA Last Name		Firs	t Name			Middle Na	me		
	Sex: Male Female	Race: Street Ad	dress:			City:		State & Zip	Code:	
		B Home Phone:	Age	e: F	teight:	D.O.B.	Weigh			
	None			38	605	10-11-69	Weigh	290	Armed?	
	Booking #: 1089611	Primary Charge Code	407 (L) PC	Secondary Ch	arge Code: 6	53K PC	Crimin	al History	
	EMT in attendance? XYES	NO Name: MC	lame: MCJ Clinic Unit:				Phone	#: <u>213 97</u> -	4-4961	
	Hospital Admission?	Rec'd Treatment At:				Coroner Case #: Mental Hi				
	By Doctor:	Ac	ldress:			Phone #:				
	Under Influence: YES	—	Substance:						Illness 🔲	
	Date: 02-02-0			uspect Int Audiotap			$\overline{f X}$	Photos of		
	02-02-0	111.16.	*****	pect Infor		vidobiapo.		FIIOROS OF	mjones. 🖂	
S	Last Name			st Name			Middle Na	me		
	AKA Last Name		Firs	t Name			Middle Na	me		
		Race: Street Ad	ldress:			City:		State & Zip	Code:	
	Sex: Male Female		- 12.							
	Work Phone:	Home Phone:	Agi	9 :	Height:	D.O.B.	Weigh	t:	Armed?	
,	Booking #:	Primary Charge Code	i.	:	Secondary Ch	narge Code:		Crimir	nal History	
•	EMT in attendance? YES	NO Name:			Unit:		Phone	#:		
	Hospital Admission?	Rec'd Treatment At:				Coroner Case #:		Ment	tal History	
	By Doctor:	A	Address:			Phone #:				
	Under Influence: YES	NO Substa	ance:			Mental Illness:				
	Date:	Time:		Suspect Int Audiotap		Videotape:		Photos of		
	Date.	7,1110.		ect Inform		инсокарс.		T HOLOS OF	injunes.	
S_	Last Name		Fir	st Name			Middle N	ame		
	AKA Last Name		Fir	st Name	· · · · · ·		Middle N	ame		
	Sex: Male Femal	Race: Street A	ddress:			City:		State & Zip	Code:	
	Work Phone:	Home Phone:	Ag	e:	Height:	D.O.B.	Weigh	l ot:	Armed?	
	Booking #:	Primary Charge Code	a.		Secondary Cl	harge Code:		0-1-1		
			-,			imige oude.			nal History	
	EMT in attendance? YES				Unît .		Phone			
		Rec'd Treatment At:	44			Coroner Case #:	Phone		tal History	
	By Doctor:		ddress:				Phone :			
	Under Influence: YES	NO Subst		Súspéctiln	terview		The High	Mental		
	Date:	Time		Audiota		Videotape:		Photos of		
_	SH-R-436P (Rev. 12/07)						Additiona	al Suspects	Involved	

Sup visor's Report on Use of Fo () EMPLOYEE / NON-EMPLOYEE INFORMATION

008-00156-5100-145

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			Employee Witnes	ses			
Emp. <u>#</u>	Last Name		First Name		Middle N	lame	
		Silva	, iiocivatiio	Christopher	I MINGUIG I		
Emp.#	Last Name		First Name	· · · · · · · · · · · · · · · · · · ·	Middle N	lame	
Emp. #	Last Name		First Name		Middle N	lame	
Emp. #	Last Name		First Name		Middle N	lame	
Emp. #	Last Name		First Name		Middle N	lame	
Етр. #	Last Name		First Name		Middle N	lame	
			lon-Employee Witn				
_ast Name		First Name		Middle Name		Age 32	D.O.B.
Street Address			City	Zip Code	Work Ph		_L Home Ph.
	County Jail Inmate						
ast Name		First Name		Middle Name		Age 39	D.O.B.
Street Address			City	Zip Code	Work Ph	ــــــــــــــــــــــــــــــــــــــ	- Home Ph.
L.A. C	County Jail Inmate	#					
ast Name		First Name		Middle Name		Age	D.O.E
trant Address		ļ	City	77-0-1	MI, I P	43	J 55
Street Address L.A. C	ounty Jail Inmate	#	City	Zip Code	Work Ph	. \	lome Ph.
ast Name		First Name		Middle Name		Age	D.O.B.
						18	
Street Address			City	Zip Code	Work Ph	. ⊩	lome Ph.
L.A. C	ounty Jail Inmate	# First Name		Middle Name		Age	D.O.B.
index realities		The Harris		Medio Namo		18	
Street Address			City	Zip Code	Work Ph.	. 	lome Ph.
	ounty Jail Inmate			1	. <u> </u>		l = 4=
.ast Name		First Name		Middle Name		Age 18	D.O.B.
Street Address			City	Zip Code	Work Ph.		.l Iome Ph.
L.A. C	ounty Jail Inmate	#				:	
ast Name		First Name		Middle Name	:	Age	D.O.B.
Street Address		<u></u>	City	Zip Code	Work Ph.	18 н	ome Ph.
	ounty Jail Inmate	#					
ast Name		First Name		Middle Name		Age	D.O.B.
Street Address]	City	Zip Code	Work Ph.	23 Ін	ome Ph.
	ounty Jail Inmate	#				''	
ast Name		First Name		Middle Name		Age	D.O.B.
Stroot Address			City	72-0-1-	NAZ-utu Pit-	31	to Dk
Street Address I A Co	ounty Jail Inmate	#	City	Zip Code	Work Ph.	H:	ome Ph.
L.M. U	ounty oan minate:	"]					

Su rvisor's Report on Use of Face EMPLOYEE / NON-EMPLOYEE INFORMATION - Continuation

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		E	Employee Witnesses					
Emp. #	Last Name		Fírst Name			Middle N	lame	
Emp. #	Last Name		First Name			Middle N	lame	
Emp. #	Last Name		First Name			Middle N	lame	
Emp. #	Last Name		First Name			Middle N	lame	
Emp. #	Last Name		First Name			Middle N	lame	
Emp. #	Last Name		First Name		·	Middle N	lame	
		Nor	1-Employee Witness	ne.				
Last Name		First Name			Name		Age	D.O.B.
		T Wat Name					26	3.0.0.
Street Address A Coun	ty Jail Inmate #		City		Zip Code	Work Pl	٦.	Home Ph.
	ly ball trafficte #	15-45	1	Listella	Name		1 4	D.O.B.
Last Name		First Name		Mittel	name		Age 30	D.O.B.
Street Address	it lail Inmata #		City		Zip Code	Work Ph	1.	Home Ph.
L.A. Çoun	ty Jail Inmate #		<u> </u>		1			<u>;</u>
Last Name		First Name		Middle	Name		Age 45	D.O.B.
Street Address			City		Zip Code	Work Ph		Home Ph.
	ty Jail Inmate #		Olly		Lip odde	WORTT	•	Home T st.
Last Name		First Name		Middle	Name		Age 34	D.O.B.
5			l av					
Street Address L.A. Coun	ty Jail Inmate #		City		Zip Code	Work Ph		Home Ph.
Last Name		First Name		Middle	Name		Age	D.Q.B.
					.,		42	
Street Address 1 A Count	ty Jail Inmate #		City		Zip Code	Work Ph		Home Ph.
Last Name	ty dan minato ii	First Name	•	Middle	Name		Age	D.O.B.
							34	
Street Address	ty Jail Inmate #		City		Zîp Code	Work Ph	•	Home Ph.
Last Name	y Jan Inmate #	First Name	1	Middle	Name	1	Age	D.Q.B.
						,		
Street Address			City		Zip Code	Work Ph.		Home Ph.
Last Name		First Name		Middle	Name		Age	D.O.B.
Street Address		I	City	1	Zip Code	Work Ph.		Home Ph.
Last Name		First Name	<u> </u>	Middle	Name	1	Age	D.O.B.
Street Address			City		Zìp Code	Work Ph.		Home Ph.
			t		I	1		

(SH) Shoulder (WR) Wrist

URN:		008-00156-5100	-145		REF	FERE	NCE	#: 5100	- 200	020)2 -	001
Method	d											
(BI) Be (BF) Bo (CN) Co (CR) Co (CT) Co (TT) Co (CE) CI (CC) CI (CC) CI (TG) C	aton: (Control) aton: (Impact) odily Fluids anine arotid Restraint hoke Hold	cedown) OC Spray)	(FR) (FS) (FO) (FB) (FL) (OE) (OV) (OB) (OO) (PK) (PS)	(FR) Firearm (Rifle) (FS) Firearm (Shotgun) (FO) Firearm (Other) (FB) Flashbang (FL) Flashlight (OE) Other Weapon: Edged (OV) Other Weapon: Vehicle (OB) Other Weapon: Blunt Object (OO) Other Weapon: Other (PK) Personal Weapon: Feet/Leg: (Kick) (PS) Personal Weapon (Hand/Arm)			, ,					
Type o	f Injury					Body	/ Part Injur	red				
(BR) Br (BU) Bt (CP) Co	brasion ruise urn omplaint of Pain oncussion eath	(DB) Dog Bite (FR) Fractures (GS) Gunshot (HB) Human Bite (LC) Lacerations (ND) Nerve Dam	(() () (PA) Paralysis PW) Puncture SD) Soft Tissu ST) Sprain/Tv UN) Unconsci RM) Refused I	Wound ie Damage vists ous		(AK) (AR) (BK) (BT)	Abdomen Ankle Arm Back Buttocks Chest	(GE) (GR)	Feet Fingers Genitals	(HI) (IN) (KN) (LE) (NK) (NO)	Hip Internal Knees Leg Neck Nose

FORCE APPLIED

(OD) Organ Damage (NN) NONE

(EL) Elbow

(HE) Head

FORCE USED	BY	FORCE USED AG	GAINST	Method	Type of Injury	Body Part
Name	E# or S#	Name	E# or S#	(Code)	(Code)	(Code)
					_	
Duguerre	S#1	Krase	E#1	UC	NN	NN
Duguerre	S#1	Krase	E#1	RS	NN	NN
Duguerre	S#1	Krase	E#1	PH	BR	FA
Krase	E#1	Duguerre	S#1	PH	AB	FA
Krase	E#1	Duguerre	S#1	FL	AR	AB
Krase	E#1	Duguerre	S#1	TR	PW	ВК
Duguerre	S#1	Villalobos	E#2	UC	NN	NN
Duguerre	S#1	Villalobos	E#2	RS	NN	NN
Duguerre	S#1	Villalobos	E#2	PH	NN	NN
Villalobos	E#2	Duguerre	S#1	PH	AB	FA
Duguerre	S#1	Sanchez	E#3	UC	NN	NN
Duguerre	S#1	Sanchez	E#3	RS	NN	NN
Duguerre	S#1	Sanchez	E#3	PH	NN	NN
Sanchez	E#3	Duguerre	S#1	PH	AB	FA

(DI) Dislocation

(NO) Nose (SH) Shoulder (WR) Wrist

URN:		008-00156-5100	-145			REFE	RENCE	#: 51	100 - 2	2008 - 0	202 -	001
Metho	od											
(BI) B (BF) B (CN) C (CR) C (CH) C (CT) C (TD) C (CE) C (CG) C (TG) C	Baton: (Control) Baton: (Impact) Bodily Fluids Canine Carotid Restraint Choke Hold	kedown) OC Spray)	(FR) (FS) (FO) (FB) (FL) (OE) (OV) (OB) (OO) (PK) (PS) (PH)	Firearm (Hand Firearm (Rifle) Firearm (Shotg Firearm (Other Flashbang Flashlight Other Weapon Other Weapon Other Weapon Other Weapon Personal Weap Personal Weap Personal Weap	gun) : Edged : Vehicle : Blunt Ob : Other pon: Feet/l pon: Feet/l	- Leg: (K Leg: (S I/Arm)						
Туре о	of Injury						Bod	y Part li	njured			
(BR) B (BU) B (CP) C (CO) C (DH) D	Abrasion Bruise Burn Complaint of Pain Concussion Death Dislocation	(DB) Dog Bite (FR) Fractures (GS) Gunshot (HB) Human Bite (LC) Lacerations (ND) Nerve Dam (OD) Organ Dam	age	(PA) Paralysis (PW) Puncture (SD) Soft Tissu (ST) Sprain/Tv (UN) Unconsci (RM) Refused I (NN) NONE	Wound ue Damag vists ous		(AD) (AK) (AR) (BK) (BT) (CH) (EL)	Abdome Ankle Arm Back Buttock Chest Elbow	(FE (FI) (GE s (GF (HE) Face) Feet Fingers E) Genital R) Groin O) Hands E) Head		Leg Neck Nose Shoulder

FORCE APPLIED

FORCE USED	ВҮ	FORCE USED AG	AINST	Method	Type of Injury	Body Part
Name	E# or S#	Name	E# or S#	(Code)	(Code)	(Code)
Duguerre	S#1	Hernandez	E#4	UC	NN	NN
Duguerre	S#1	Hernandez	E#4	RS	NN	NN
Duguerre	S#1	Hernandez	E#4	PH	NN	NN
Hernandez	E#4	Duguerre	S#1	PH	AB	FA
Duguerre	S#1	Diaz	E#5	UC	NN	NN
Duguerre	S#1	Diaz	E#5	RS	NN	NN
Duguerre	S#1	Diaz	E#5	PH	NN	NN
Diaz	E#5	Duguerre	S#1	PH	AB	FΑ
Duguerre	S#1	Johnson	E#6	UC	NN	NN
Duguerre	S#1	Johnson	E#6	RS	NN	NN
Duguerre	S#1	Johnson	E#6	PH	NN	NN
Johnson	E#6	Duguerre	S#1	PH	AB	FA
Johnson	E#6	Duguerre	S#1	PO	AB	FA
Duguerre	S#1	• • • • • • • • • • • • • • • • • • • •	E#7	UC	NN	NN
Duguerre	S#1		E#7	R\$	NN	NN
Duguerre	S#1		E#7	PH	AB	FA
	E#7	Duguerre	S#1	TR	AB	BK

(NK) Neck

(NO) Nose

Leg

(SH) Shoulder (WR) Wrist

(LE)

(GÉ) Genitals

(GR) Groin

(HD) Hands

(HE) Head

URN: 008-	-00156-5100-145	REFERENCE	=#: 5100 -	2008 - 020	02 -	001
Method						
(AW) Arwen (BC) Baton: (Control) (BI) Baton: (Impact) (BF) Bodily Fluids (CN) Canine (CR) Carotid Restraint (CH) Choke Hold (CT) Control Holds: (Control) (TT) Control Holds: (Team Tail) (TD) Control Holds: (Takedov) (CE) Chemical (OC) Chemical Agents (OC S) (TG) Chemical Agents (Team (EX) Explosives	(OB) Other Weapo (OO) Other Weapo (PK) Personal We (PS) Personal We	e) intgun) er) on: Edged on: Vehicle on: Blunt Object on: Other apon: Feet/Leg: (Kick) apon: Feet/Leg: (Sweep) apon (Hand/Arm)	(PO) Persona (RS) Resistar (CN) Restrain (RH) Restrain (TP) Restrain (RE) Restrain (SP) Sap (SH) Shield (SG) 37mm S (SB) Sting Ba (ST) Stun Ba (TR) Taser (UC) Uncoope	nce It Device (Cap It Device (Han It Device: Hob It Device: Hob It Device: REA It Inger It	oture Ne idcuffs) ible (Leg ible (TAl	, gs Only) RP)
Type of Injury			ly Part Injured			
(BR) Bruise (FR)	i) Dog Bite (PA) Paralysi c) Fractures (PW) Punctur d) Gunshot (SD) Soft Tis	e Wound (AK)	Ankle (F	FA) Face FE) Feet FI) Fingers	(HI) (IN) (KN)	Hip Internal Knees

FORCE APPLIED

(BK) Back

(CH) Chest

(EL) Elbow

(BT) Buttocks

(ST) Sprain/Twists

(UN) Unconscious

(ND) Nerve Damage (RM) Refused Med Treatment

(OD) Organ Damage (NN) NONE

FORCE USED	вү	FORCE USED AG	AINST	Method	Type of Injury	Body Part
Name	E# or S#	Name	E# or S#	(Code)	(Code)	(Code)
Duguerre	S#1	Vazquez	E#8	UC	NN	NN
Duguerre	S#1	Vazquez	E#8	RS	NN	NN
Duguerre	S#1	Vazquez	E#8	PH	NN	NN
Vazquez	E#8	Duguerre	S#1	PH	AB	FA
Vazquez	E#8	Duguerre	S#1	FL	AB	AR
Duguerre	S#1	Her	E#9	UC	NN	NN
Duguerre	S#1	Her	E#9	RS	NN	NN
Duguerre	S#1	Her	E#9	PH	NN	NN
Her	E#9	Duguerre	S#1	PH	AB	FA
Her	E#9	Duguerre	S#1	oc	NN	NN
Her	E#9	Duguerre	S#1	FL	AB	ВК
Duguerre	S#1		E#10	UC	NN	NN
Duguerre	S#1		E#10	RS	NN	NN
	E#10	Duguerre	S#1	TR	AB	SH
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(CP) Complaint of Pain

(CO) Concussion

(DI) Dislocation

(DH) Death

(HB) Human Bite

(LC) Lacerations